

CC/VAW/MC

Email: pgmidwestacute@hse.ie

01st August 2024

Ms Violet-Anne Wynne TD,
Dàil Eireann,
Leinster House,
Kildare Street,
Dublin 2

PQ 33023/24, PQ 33027/24, PQ 33026/24

To ask the Minister for Health what the policy and protocol is regarding do-not-resuscitate orders in UHL and the model 2 hospitals in the mid-west region (Ennis, Nenagh and St. Johns); if these policies and protocols conform with international best practice; and if he will make a statement on the matter. -Violet-Anne Wynne

To ask the Minister for Health the number of patients who had a do-not-resuscitate order activated in Ennis General Hospital, UHL and the others in CHO3 for the years 2010-2023, in tabular form. -Violet-Anne Wynne

To ask the Minister for Health what reassurance can be provided in respect of protocols that are in place to ensure that inpatients' human rights and dignity are respected in model 2 hospitals such as Ennis General Hospital when an emergency occurs. -Violet-Anne Wynne

Dear Deputy Wynne,

The Health Service Executive has been requested to reply directly to you in the context of the above Parliamentary Question which you submitted to the Minister for Health for response.

Protecting human rights and dignity is a core principle of UL Hospitals Group and is reflected in our DNACPR policy. This policy was approved in October 2016 and came into practice in January 2017, having been developed by a working group from across a range of disciplines. Several members of the working group also had experience in developing DNACPR policies in Ireland and the United Kingdom.

It is important to note that the HSE is currently in the process of developing a national DNACPR policy. UL Hospitals Group intends to implement the national policy on a local basis once it comes into effect. Our current DNACPR policy was developed in line with other hospital groups in Ireland and is consistent with comparable hospitals in the United Kingdom. Our policy is also underpinned by relevant laws, HSE policy, HIQA, and Law Reform Commission guidance.

DNACPR decisions are made by the clinical team based on the patient's medical condition and prognosis. These decisions are not a consent procedure but rather an information-sharing conversation with the patient or their family members, where appropriate.

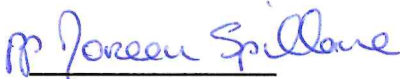
The policy is designed to ensure that cardiopulmonary resuscitation (CPR) is not performed unnecessarily on patients for whom it is unlikely to be effective or beneficial. This approach safeguards the patient's well-being and upholds their right to receive care.

We recognise the importance of providing appropriate training to our staff regarding the handling of DNACPR orders. Surgical and medical staff are provided with a copy of the policy. We are currently reviewing our training programme to identify any gaps.

UL Hospitals Group does not have comprehensive records on past DNACPR statuses. In line with our policy, the DNACPR status is not permanently recorded on a patient's record as the decision is only valid for their time of admission. When a patient is discharged, the DNACPR status is no longer applicable.

I trust this clarifies the position, please contact me if you have any further queries.

Yours sincerely,



Ms Colette Cowan
Chief Executive Officer
UL Hospitals Group